

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

15817

4223

FILED MAY 14 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louisc. LENGTH OF  
STAY (in this place)  
1 hrd. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION DePaul Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louis 2029

d. STREET ADDRESS (If rural, give location)

2 5108 Rosa Avenue

## 3. NAME OF DECEASED

(Type or Print)

a. (First)

Ernest

b. (Middle)

Wesley

c. (Last)

Hollmann

4. DATE

OF DEATH

4 - 21 - 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9 - 26 - 1894

9. AGE (in years)

58

10. MONTHS

Days

11. HOURS

Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John H. Hollmann

13b. MOTHER'S MAIDEN NAME

Mary Poetting

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWT

16. SOCIAL SECURITY NO.

489-01-6063

17. INFORMANT'S SIGNATURE OR NAME

Mr. Milton Hollmann, 4551 Bessie

ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

5 yrs

8 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

443X

22. I hereby certify that I attended the deceased from 4-29, 1952, to 4-21, 1953, that I last saw the deceased alive on 4-21, 1953, and that death occurred at 7:20 PM, from the causes and on the date stated above.

23a. SIGNATURE

Harry A. Berch MD

23b. ADDRESS

5633 S. Kingshighway

23c. DATE SIGNED

4/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

4/24/53

24c. NAME OF CEMETERY OR CREMATORY

Park Lawn Cemetery

24d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

DATE REC'D BY LOCAL REG.

APR 24 1953

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

Drehmann-Harral, 1905 Union Blvd.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Harry A. Reich 1-3 & 7-8  
No Thurs. Hrs.  
5633a S. Kingshighway

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Warren A. Carver*

Licensed Embalmer No.

*3534*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.